

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

John D. Lynch (II)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Manesha Totusni
Chief of
CT Department of Health
CT Medical Licensing
Board

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. _____
(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☒ No
(check one)

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I. The Parties to This Complaint**A. The Plaintiff(s)**

& Temporary

*1100 Taylor Rd.
Columbia, SC. 29201*

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name John D Lynch II (Mr.)
 Street Address 3908 Village Pines Walk
 City and County Glen Allen, Virginia
 State and Zip Code 23060
 Telephone Number 803 986 9923, 803 986 9922

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name Manesha Juthani, Mrs.
 Job or Title Chief of the Health and
 (if known) Education Section of State of CT
 Street Address 410 Capitol Avenue
 City and County Hartford (Hartford County)
 State and Zip Code CT 06134
 Telephone Number 860 509 7008

Defendant No. 2

Name Chief of Medical Licensing
 Job or Title Board.
 (if known)
 Street Address
 City and County Hartford (Hartford County)
 State and Zip Code CT 06134
 Telephone Number

Defendant No. 3

Name

Job or Title _____
 (if known) _____
 Street Address _____
 City and County _____
 State and Zip Code _____
 Telephone Number _____

Defendant No. 4

Name _____
 Job or Title _____
 (if known) _____
 Street Address _____
 City and County _____
 State and Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

*The National Practitioners Data Bank
 operates by the following USCS
 Health Care Quality Improvement Act
 of 1986, Public Law 99-660 Section
 1921 of the SS Act Section
 1128E of the SS Act
 See § 60.6 State CPT measures*

B. If the Basis for Jurisdiction Is Diversity of Citizenship

N/A

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) _____, is a citizen of the State of (name) _____.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) _____, is a citizen of the State of (name) _____. Or is a citizen of (foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) CT Department of Health, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) CT. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

\$75,000.00 is acceptable
for me - Loss of
Dr. Emergency Dept Physician salary
x 3 years

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

CT DPH had given me my
Medical License back, but,
inexplicably ~~for~~ denied John D.
Lynch Jr M.D.'s complaints in
my NPJB appeal & seeking 3 years
of Emergency Medical Physician
salary,

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Slender & mis diagnosis
etc in the partially unsealed
Memorandum Decision of 6/19/2012 by
Dr Alfred Herzog
I, the plaintiff demand complete
unsealing.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: May 1, 2024

Signature of Plaintiff

Printed Name of Plaintiff

John Daniel Lynch II (M.D.)
John Daniel Lynch II

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address

